

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A.	49	10/15/01
O.I.P.E. CLASSIFIER			10/22/01
FORMALITY REVIEW	DMW	751	10-31-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
11	X	03	
12	X	04	
13	X	04	
14	X	04	
15	X	04	
16	X	04	
17	X	04	
18	X	04	
19	X	04	
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21	X	04	
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45	X	04	
46	X	04	
47	X	04	
48	X	04	
49	X	04	
50	X	04	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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226  
 10/21/01